

DEPARTMENT OF SOCIAL SERVICES

Caregiver Background Check Bureau
 PO Box 944243, MS 19-62
 Sacramento, California 94244-2430



<<date>>

Facility
 Facility#
 ID#
 Analyst

<<FacName>>
 <<FacNumber>>
 <<ID>>
 <<Analyst#>>

<<Name>>

<<Address>>

<<StateZip>>

sample

IMMEDIATE ACTION REQUIRED**Criminal Record Exemption Needed**

This is to notify you that we have received criminal record information concerning you. A similar notice was sent to the licensee of the above named facility informing him/her that in order for you to work or be present in the facility, you must obtain a criminal record exemption. If you intend to work or reside in the above named facility you may request an exemption in coordination with the licensee. If you are no longer employed by or no longer reside in the facility, you may request an exemption on your own.

To request a criminal record exemption, either in coordination with the licensee or on your own, you must submit the items listed below, **within forty five (45) days** of the date of this notice to the address above. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office. **You cannot work or be present in any licensed facility until an exemption has been granted.**

The items listed below must be submitted or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A detailed description of what you will be doing at the facility (e.g. duty statement or job description if available). This does not apply if you are requesting an exemption on your own.
2. A copy of the your Criminal Record Statement (LIC 508), that you were required to fill out prior to employment with the facility, and any additional statements regarding your criminal record that you may have written or signed. If you are requesting an exemption on your own, you do not need to submit your Criminal Record Statement.
3. A signed letter describing the events surrounding each conviction on the attached list and any other conviction(s) incurred within or outside the state. Include approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to ensure you would not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.

Immediate Action Required

<<subject>>

<<FacilityName>>

Facility # << FacNumber>>

Analyst <<analyst#>>

5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm# . Reference statements must be current and cannot be from your relatives or family members or from employees or residents of the facility.
7. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the licensee of above named facility. The items listed above are attached.
- ☐ I am no longer employed by or reside in the above named facility. I am requesting an exemption on my own behalf.
- ☐ My involvement with this facility terminated before I received this notice.

() _____
Your Telephone Number

Your Complete Mailing Address, Including Zip Code

You must notify the Department within five (5) days of any change to your telephone number or address.

Date

Signature

If you have any questions regarding this notice, please write to the Department address at the top of page one, attention analyst <<analyst>> or you may call 888-422-5669.

Immediate Action Required

<<subject>>
<<FacilityName>>
Facility # << FacNumber>>
Analyst <<analyst#>>

As noted in item 3 on page one, you must submit a signed letter describing the events surrounding each conviction listed below and any other conviction(s) you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>